

EXHIBIT F



Oxford
P.O. Box 29134, Hot Springs, AR 71903

February 27, 2014

Redacted
Redacted

TRANSACTION#: K0430759002
INSURER: OXFORD HEALTH INSURANCE, INC.
SUBSCRIBER: Redacted
ID #: Redacted
PATIENT: Redacted
PLAN: VOYETRA TURTLE BEACH, INC
PLAN #: VT3084
PROVIDER NAME: PHARMACY
SERVICE DATE(S): JANUARY 17, 2014

MEDICATION: RECOM BINATE
CLAIM AMOUNT: N/A

Dear Redacted

I reviewed the request received [February 12, 2014](#), to reconsider our previous decision regarding the medication(s) that [you received](#).

I understand the appeal to state [that you wish to fill your specialty medications at your local retail pharmacy](#).

I make decisions about claims payment for prescription medications based on your Benefit Plan, including any applicable Riders, Amendments, and Notices, and any information received as part of an appeal. Coverage is subject to the exclusions, limitations and other terms of your Benefit Plan, including any applicable Riders, Amendments, and Notices.

I carefully reviewed the documentation submitted, our payment policies and the limitations exclusions and other terms of your Benefits Plan, including any applicable Riders, Amendments, and Notices.

According to your Benefit Plan, Outpatient Prescription Drug Rider, section entitled Designated Pharmacies:

If you require certain Prescription Drug Products, including, but not limited to, Specialty Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products. If you are directed to a Designated Pharmacy and you choose not to obtain your Prescription Drug Product from a Designated Pharmacy, you will not have coverage for that Prescription Drug Product or your coverage will be subject to the non-Network Benefit for that Prescription Drug Product (if available). Please refer to your Summary of Benefits document to determine if you have non-Network benefits for Prescription Drug Products.

I have identified two participating Specialty Designated Pharmacy providers who can fill and deliver your prescriptions for clotting factor and therefore Oxford has upheld its denial of your request to continue utilizing BDRN to provide clotting factor. This medication is usually delivered via United Parcel Service (UPS) or Federal Express and be set up to have signature required. However, Bioscrip, one of the participating Specialty Designated Pharmacy providers, would also be able to deliver the medication to you by courier at your convenience. You may contact Bioscrip at 1-866-788-7710 to set up an account and delivery schedule. Bioscrip can also pick up your medical waste. Alternatively, if you prefer you can pick up your medication at one of the three NY Consortium Hemophilia Treatment Centers (HTC). The HTCs located in your area are Mount Sinai Hemophilia Treatment Center, New York Presbyterian Hospital-Weill Cornell University Medical Center HTC, and Long Island Jewish Medical Center Hemophilia Treatment Center. If you have any questions, please call the number on the back of your I.D. card. A representative will answer any questions you may have about the Specialty Pharmacy program and, if appropriate, transfer you directly to a participating network specialty pharmacy based on your medications.

If you choose to fill your prescription for a specialty medication at an out-of-network pharmacy, you may not have coverage for your medication or you may be required to pay a higher amount if your pharmacy benefit plan includes out-of-network coverage. Please refer to your Summary of Benefits to determine if you have out-of-network coverage for Outpatient Prescription Drugs.

You can continue to fill your non-specialty prescriptions at any participating retail pharmacy.

In your appeal you reference New York's Anti-Mandatory Mail Order law. The New York Anti-Mandatory Mail Order law allows members to fill prescriptions for mail order and specialty prescription medication at retail pharmacy only if the pharmacy agrees in advance to contractually meet Oxford's terms and conditions, including requirements for medication handling, delivery, clinical programs and reimbursement. To date, no New York retail pharmacies have contractually agreed to the same reimbursement amount, terms and conditions as we have with our mail order or specialty pharmacies. Given that no New York retail pharmacies are presently contracted with us for the same terms and conditions, there currently are no retail pharmacies that meet the coverage requirements under the law.

A Member may designate a person to act on his or her behalf, including the Member's provider, to appeal this decision ("Designee"). To do so, the Member must provide Oxford with written consent, at the time of the appeal, for the designee to act on his or her behalf. The consent must be signed by the Member, or by the Member's guardian, if the Member is a minor.

A claim is any request by a covered Member for certification of a benefit or payment for a service, as required under the terms of the Member's health plan.

Additional Rights

You have the right to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to your appeal, as well as copies of any internal rule, guideline or protocol that we relied on to make this payment decision. You also have the right to receive, upon request and free of charge, an explanation of the scientific or clinical judgment that we may have relied upon in making this benefit decision as well as the diagnosis or treatment codes, and their corresponding meanings.

To request copies, submit a written request, separate from an appeal request, to:

Oxford Appeal Document Request
P.O. Box 29133
Hot Springs, AR 71903

We will fulfill your request within thirty (30) calendar days of receipt. Please understand that your request for information will not change the time you have to file any subsequent appeals.

You may request verbal translation of this letter into a non-English language. In order to request language translation, please call the Customer Care phone number on the back of the ID card, or send your request to:

[Oxford Health Insurance, Inc.](#)
UnitedHealthcare Central Escalation Unit
ATTN: Language Translation
4316 Rice Lake Road
Duluth, MN 55811

You may have the right to file a civil action under Section 502(a) of ERISA (Employment Retirement Income Security Act of 1974).

Please remember that, before receiving services, our customers are responsible for verifying that the physician or other health care provider participates in our network. Your Benefit Plan, including any applicable Riders, Amendments, and Notices, explains this and other customer responsibilities. Typically, you will have lower out-of-pocket expenses by visiting physicians and other health care providers who participate in the Oxford network. For a list of Oxford network physicians and providers in your area, please visit our web site at www.myuhc.com or call Customer Care at the telephone number on [your](#) ID card.

If you are not satisfied with this decision, you or your authorized representative may request a second level review. To request a review, within 60 days of receiving this letter, please call us at the telephone number listed on the back of your ID card, or write to:

Oxford Appeals Request Department
P.O. Box 29134
Hot Springs, AR 71903

Please include the following in your request for a second level review:
(1) A specific request for a second level review

Case 7:15-cv-00804-NSR Document 19-5 Filed 02/23/15 Page 5 of 6

- (2) The name, address, and patient ID number of the person enrolled in the health plan
- (3) The name and address of any authorized representative with whom you are consulting
- (4) Information regarding the medication(s) for which you are requesting additional payment
- (5) Any new, relevant information that was not already provided with your initial appeal

You have the right to submit additional information in support of your position in any subsequent levels of appeal available to you.

Availability of Consumer Assistance/Ombudsman Services

There may be other resources available to help you understand the appeals process. If your plan is governed by ERISA, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). If your plan is not governed by ERISA, you can contact the Department of Health and Human Services Health Insurance Assistance Team at 1-888-393-2789.

Additionally, a consumer assistance program may be able to assist you at:

Community Service Society of New York, Community Health Advocates
105 East 22nd Street, 8th floor
New York, NY 10010
Toll-free telephone: 1-888-614-5400
Web site: <http://www.communityhealthadvocates.org/>
Email:cha@cssny.org

Your satisfaction is important to us. As part of our continuing efforts to increase Member satisfaction, it is our goal to thoroughly review your appeal and provide you with a prompt response. If you have questions, please call Customer Service at the number on your Oxford Member ID card. As an added service to you, you may review claims, check referrals, change your primary care physician (PCP), and obtain other helpful Member information through our web site, www.oxfordhealth.com. If you have a suggestion about how we can improve your satisfaction with Oxford, please contact Customer Service at the number on your Oxford Member ID card.

For a hearing impaired interpreter, you may contact Oxford's TTY/TDD line at 1-800-201-4875. Please call 1-800-303-6719 for assistance in Chinese, 1-888-201-4746 for assistance in Korean, 1-800-449-4390 para ayuda en Español, or the number on your Member ID card for assistance in other languages.

Sincerely,

Clarissa R.
Resolving Analyst

若需要中文协助, 请拨打本文件内或您会员卡背面的电话号码。

Dine k' ehji shich' i' hadoodzih ninizingo, beesh bee hane 'e binu mber naaltsoos bikaahigii bich'i' hodiilnih ei doodaii bee neehozin biniyi nanitinigii bine'dee bikaa doo aldo'.

Para obtener asistencia en español, llame al número de teléfono que se incluye en este documento o al dorso de su tarjeta de identificación.

Para sa tulong sa Tagalog, tawagan ang numerong kabilang sa dokumentong ito o sa likod ng iyong ID card.